



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ059283242

INSTALLATION ADDRESS

GEORGIA-PACIFIC CORPORATION  
P O BOX 188  
BELVIDERE, NJ 07823

PAUL STREET  
BELVIDERE, NJ 07823







D. - FOR OFFICIAL USE ONLY

5	W	5	D	0	5	9	2	8	3	2	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 0 8 0 23 - 26	33 U 0 8 8 23 - 26	34 U 1 0 2 23 - 26	35 U 1 5 4 23 - 26	36 23 - 26
37 U 1 1 7 23 - 26	38 U 1 2 2 23 - 26	39 U 2 2 9 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

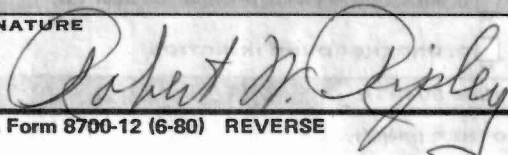
☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



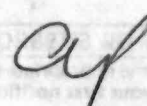
NAME &amp; OFFICIAL TITLE (type or print)

Robert W. Ripley, Plant Manager

DATE SIGNED

Aug. 7, 1980

EPA Form 8700-12 (6-80) REVERSE







P33 12/14/85 FE  
P32 1/21/86 AR  
C305=\$  
C1103=\$  
C1105=\$

State of New Jersey  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT  
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.  
DIRECTOR

RICHARD C. SALKIE, P.E.  
ASSOCIATE DIRECTOR

Eric J. Schmidt, Senior Environmental Engineer  
Georgia-Pacific Corporation  
P.O. Box 105605  
Atlanta, GA 30348-5605

21 JAN 1986

RE: Delisting Request, Georgia-Pacific Corp., Belvidere, Warren  
County, New Jersey, EPA ID NO. NJD 059 283 242

Dear Mr. Schmidt:

The Bureau of Hazardous Waste Engineering has considered your request of December 12, 1985 to delist this facility as a hazardous waste TSD facility.

The Bureau understands that the facility did not generate, treat, store or dispose of hazardous waste in 1981 and that operations ceased on June 30, 1981. The Bureau further understands that the site is clean and free of hazardous wastes, as attested by three inspections by DEP personnel this year. If these understandings are not correct, please notify this Bureau immediately.

The Bureau concludes that the subject facility's 1980 RCRA Part A application to the EPA was an inappropriate filing. Accordingly, the Bureau hereby delists this facility as a treater, store or disposer of hazardous waste.

If you have any questions on this matter, please call Mr. William Crom of my staff at (609) 984-3253.

Very truly yours,

Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering

EP49/slw  
c: Angel Chang, USEPA





<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             S T A C              F N J D 0 5 9 2 8 3 2 4 2 3 D              1 2 13 14 15           </div>
<b>LABEL ITEMS</b> <div style="border: 1px solid black; padding: 5px;"> <b>I. EPA I.D. NUMBER</b>  <b>III. FACILITY NAME</b>  <b>V. FACILITY MAILING ADDRESS</b>  <b>VI. FACILITY LOCATION</b> </div>		<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
<div style="border: 1px solid black; padding: 10px;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>		

<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.													
SPECIFIC QUESTIONS				MARK 'X'			SPECIFIC QUESTIONS				MARK 'X'		
				YES	NO	FORM ATTACHED					YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)					X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)					X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)					X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)					X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)					X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X	

<b>III. NAME OF FACILITY</b>											
1	SKIP	Georgia-Pacific Corp. Polymer Mat'ls. Div.									

<b>IV. FACILITY CONTACT</b>											
A. NAME & TITLE (last, first, & title)								B. PHONE (area code & no.)			
2 Ripley Robert Plant Manager								2 0 1 4 7 5 2 1 2 2			

<b>V. FACILITY MAILING ADDRESS</b>											
A. STREET OR P.O. BOX											
3 P o B o x 1 8 8 P a u l S t r e e t											
B. CITY OR TOWN								C. STATE		D. ZIP CODE	
4 B e l v i d e r e								N J		0 7 8 2 3	

<b>VI. FACILITY LOCATION</b>													
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER													
5 P a u l S t r e e t													
B. COUNTY NAME													
W a r r e n													
C. CITY OR TOWN								D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
6 B e l v i d e r e								N J		0 7 8 2 3			



SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 0 7 9 (specify) Cellulose Acetate Plastic Sheet Mfg.										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
8 Georgia-Pacific Corp.																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																														503 222 5561 15 16 17 18 19 20 21 22 23 24																			

E. STREET OR P.O. BOX																																																	
900 S.W. Fifth Avenue																																																	

F. CITY OR TOWN																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
Portland																														Or										97204										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
9 N NJ 0025933																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
9 U																														9																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
9 R																														9																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Cellulose Diacetate Plastic Sheeting & Cellulose Triacetate Plastic Sheeting.

A  
F9: 51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
J. R. Kuse, Senior Vice President Chemical Division																																																		4/12/80									

COMMENTS FOR OFFICIAL USE ONLY

C																																																	
C																																																	



FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			F N J D 0 5 9 2 8 3 2 4 2 3 1														
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15														

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)			2. NEW FACILITY (Complete item below.)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)									
C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN			
8	62	06	01									
15	73	74	75	76	77	78	73	74	75	76	77	78
B. REVISED APPLICATION (place an "X" below and complete Item I above)			2. FACILITY HAS A RCRA PERMIT									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT									
72			72									

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C															T/A	C								
1	2	DUP										13	14	15	1										
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)												1. AMOUNT	2. UNIT OF MEASURE (enter code)									
X-1	S 0 2	600	G									5													
X-2	T 0 3	20	E									6													
1	S 0 1	2000 000	G									7													
2	S 0 3	150 000	Y									8													
3	S 0 2	14000 000	G									9													
4												10													
16	18	19	27	28	29	30	31	32	16	18	19	27	28	29	30	31	32								



# PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8	0		
X-2	D 0 0 2	400	P	T	0	3	D	8	0		
X-3	D 0 0 1	100	P	T	0	3	D	8	0		
X-4	D 0 0 2										included with above



NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W N J D 0 5 9 2 8 3 2 4 2 3 1													W DUP 32 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
001	1	F 0 0 3	37,000,000	999999999	P	S	0	2																			
002	2	F 0 0 2																									
	3	F 0 0 5	1,000,000	999999999	P	S	0	2																			
	4	U 0 0 2	3,000,000		P	S	0	1																			
	5	U 0 8 0	10,000,000		P	S	0	1																			
	6	U 0 8 8	2,000,000		P	S	0	1																			
	7	U 1 0 2	2,000,000		P	S	0	1																			
	8	U 1 5 4	4,000,000		P	S	0	1																			
	9	U 1 1 7	80,000		P	S	0	1																			
	10	U 1 2 2	1,000		P	S	0	1																			
	11	U 2 2 9	2,000		P	S	0	1																			
012	12	D 0 0 1	50,000		P	S	0	1	S	0	3																
013	13	D 0 0 0			P	S	0	1																			
	14																										
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	25																										
	26																										



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	5	9	2	8	3	2	4	2	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

A  
F6:  $\frac{55}{56}$

A  
F6:  $\frac{56}{56}$

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	0	5	0	0	1	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	7	5	0	5	1	0
72	73	74	75	76	77	78

**VIII. FACILITY OWNER**

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. R. Kuse, Senior Vice President  
Chemical Division

B. SIGNATURE



C. DATE SIGNED

11/12/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. R. Kuse, Senior Vice President  
Chemical Division

B. SIGNATURE



C. DATE SIGNED

11/12/80

NJD059283242 GEORGIA-PACIFIC

WIRE MESH FENCE ON PROPERTY LINE

870 FT.

TANK FARM

STREAM

TANKS

STORAGE BLDG.

SOLID WAS  
& DRUM  
STORAGE B.

MANUFACTURING  
BUILDING

OFFICE

DELAWARE  
RIVER

850 FT

SCALE: 100 FT = 1 INCH  
AREA: 9.71 ACRE



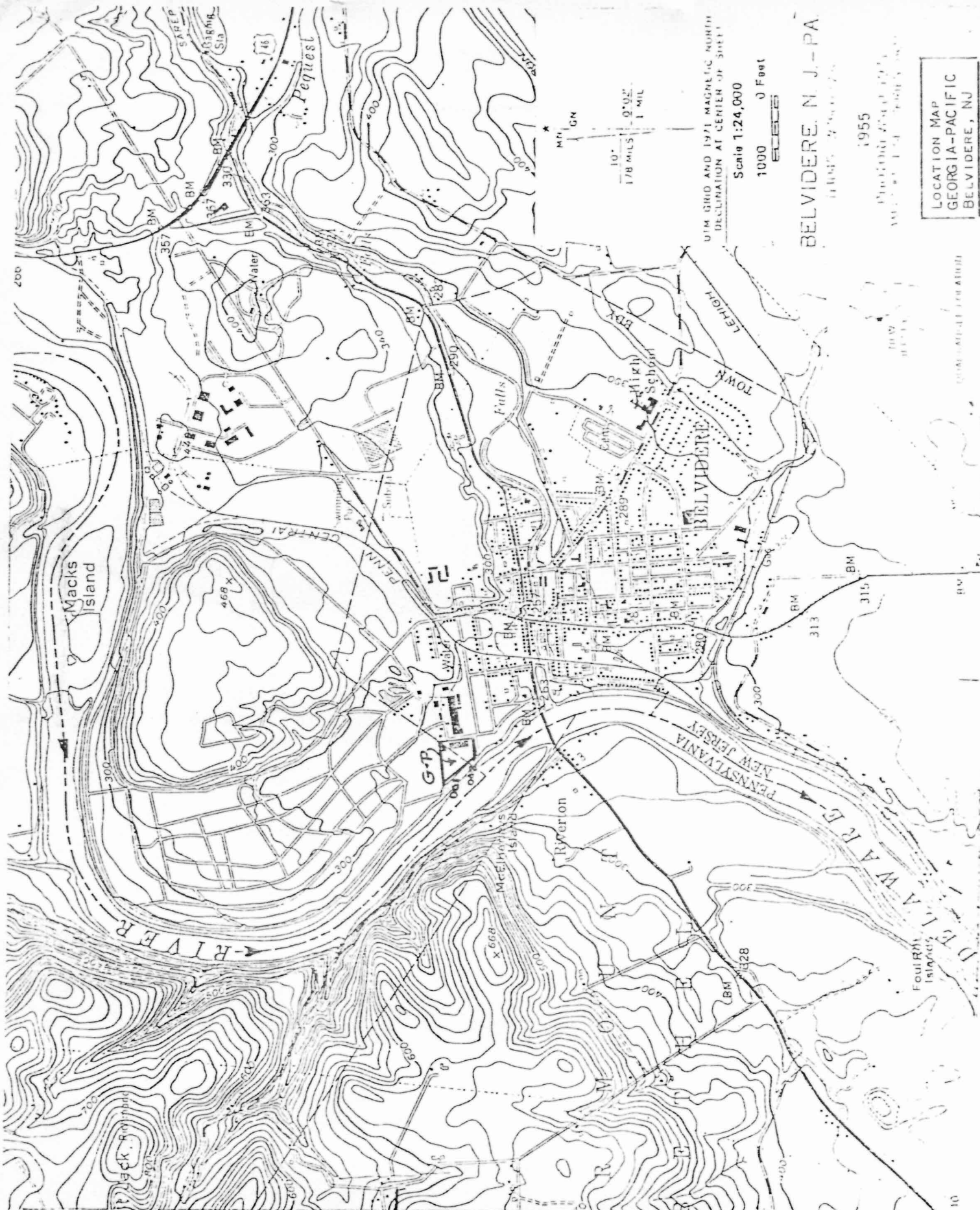
0079583545

FOR A BRIGHT

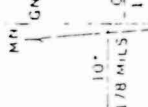
V. FACILITY DRAWING (see page 4)







40°50'



UTM GRID AND 1971 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

Scale 1:24,000

1000 0 Feet

1:24,000

BELVIDERE, N. J.-PA.

1955

Produced by the  
Army Corps of Engineers

LOCATION MAP  
GEORGIA-PACIFIC  
BELVIDERE, NJ





# Georgia-Pacific Corporation

Law Department

900 S.W. Fifth Avenue  
Portland, Oregon 97204  
Telephone (503) 248-7398

Kenneth M. McCaw, Jr.  
Group Counsel  
Pulp, Paper and Chemicals

November 14, 1980

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

EPA Region II  
Information Service Center  
26 Federal Plaza  
New York, New York 10007

Subject: Georgia-Pacific Corporation  
Belvidere, New Jersey  
EPA I.D. #NJDO59283242

Gentlemen:

Enclosed with attachments please find EPA General Form 1 and RCRA Form 3 submitted as a hazardous waste permit application on behalf of the referenced facility.

Very truly yours,



Kenneth M. McCaw, Jr.

KMM/hls

Attachments

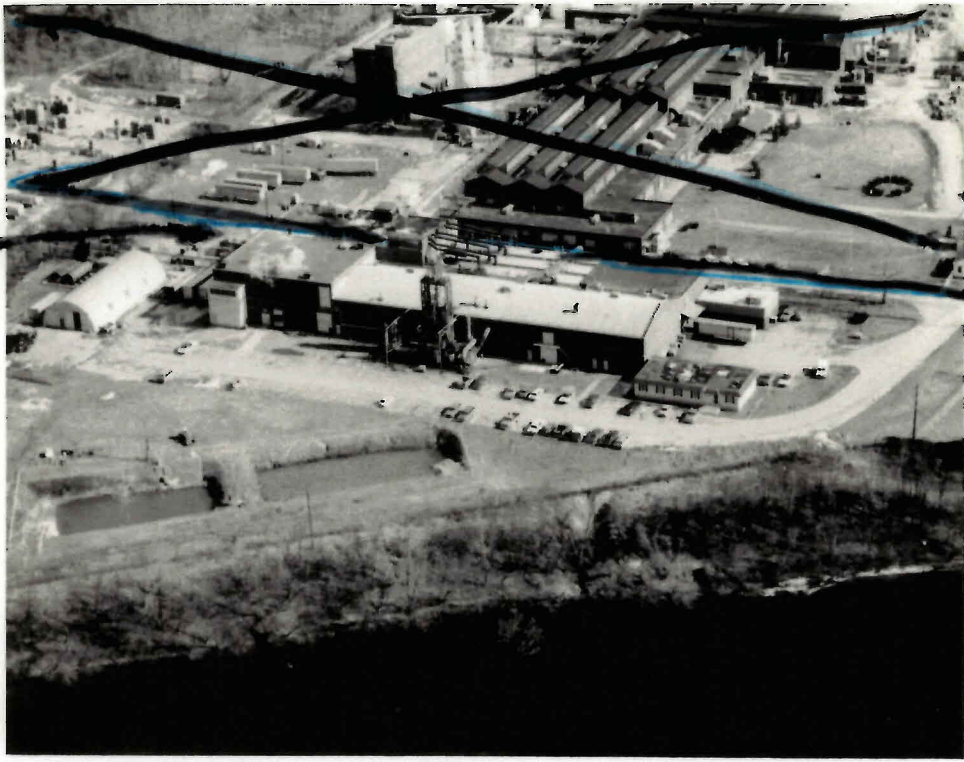
# Georgia-Pacific Corporation

Atlanta, Georgia

Memorandum for Mr. [Name]  
Subject: [Subject]

1. [Text]  
2. [Text]  
3. [Text]

WASTE







# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 19, 2015 - 10:18 AM

Version 5.0

## User Selection Criteria

<b>Location:</b>	New Jersey, all activities	<b>Activity Location:</b>	None Chosen
<b>Handler ID:</b>	NJD059283242	<b>Group of IDs:</b>	None Chosen
<b>Handler Name:</b>			
<b>Handler Universe:</b>	All Facilities Regardless of Universe		
<b>Determined Date Range:</b>	From: 10/01/1980 To: 06/19/2015		
<b>Location County Code:</b>	None Chosen	<b>Evaluation Type:</b>	
<b>Location City:</b>		<b>Focus Area:</b>	
<b>Location Zip Code:</b>		<b>Violation Type:</b>	
<b>State District:</b>	None Chosen	<b>Display Code Descrip.:</b>	Yes
<b>Sort Order:</b>	Region, State, Handler Name	<b>Display Universes:</b>	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:4      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

Name: cme\_foia.rdf  
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance  
Deployed: June 2006  
Last Updated: May 2012  
Contact: rcrainfo.help@epa.gov  
Tables Used: cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
Libraries: none

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 19, 2015 - 10:18 AM

Page 2

## GEORGIA-PACIFIC CORP POLMER MATLS DIV

County Name / Code: WARREN / NJ041

NJD059283242

Location: PAUL ST; BELVIDERE, NJ 07823

REGION 02

Mailing: PO BOX 188 PAUL ST; BELVIDERE, NJ 07823

Activity Location: NJ	State District: NORTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	EI Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

<b>Violation:</b>	Activity Location: NJ	Type: 262.A	Determined Date: 07/11/1985	Determined by Agency: State	Responsible Agency: State		
	Scheduled Compliance Date: 08/15/1985		Actual Compliance Date: 03/20/1988	RTC Qualifier: OBSERVED	Sequence Number: 1		
<b>CEI Evaluation</b>	07/11/1985	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch:	Found Violation: YES
	Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
<b>Enforcement:</b>	Activity Location: NJ	Type: 120	Action Date: 07/11/1985	Identifier: 001			
	Docket:	Agency: State	Responsible Person: R2DEP	Branch:			
	CA Component: N	Disposition Status:	Appeal Initiated:			Appeal Resolved:	

### Evaluations With No Violations:

<b>FCI Evaluation</b> 01/21/1986	Activity Location: NJ	By: State	Identifier: 003	Person: R2DEP	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
<b>FCI Evaluation</b> 12/12/1985	Activity Location: NJ	By: State	Identifier: 002	Person: R2DEP	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3

**Total Number of Handlers:** 1

**Total Number of Activity Locations:** 1

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 19, 2015 - 10:18 AM

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## Description of codes used on the report:

Universes	Description of Universes
<b>Generator</b>	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
<b>Transporter</b>	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
<b>Operating TSDF</b>	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>IC in Place</b>	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
<b>EI Indicator (HE / GW)</b>	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
<b>Short-Term Gen</b>	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
<b>Transfer Facility</b>	Indicates that the facility transfers hazardous waste.
<b>Offsite Receiver</b>	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
<b>HSM</b>	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
<b>Subpart K</b>	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
<b>Full Enforcement</b>	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>CA Workload</b>	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
<b>Active State Gen</b>	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
<b>Converter</b>	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State TSDF</b>	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State Unaddressed SNC</b>	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State Addressed SNC</b>	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State SNC w/ Compl. Sched</b>	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
<b>EPA Unaddressed SNC</b>	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA Addressed SNC</b>	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA SNC w/ Compl. Sched</b>	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 19, 2015 - 10:18 AM

Page 4

## Description of codes used on the report:

**ACCESSIBILITY** - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):

Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

**NON-NOTIFIER** - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:

Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
FCI	FOCUSED COMPLIANCE INSPECTION

Focus Area	Description
V3	CONVERTED FROM V2 RCRAINFO

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

\* Note: Penalty amount may not reflect all violations cited.